



Director's Desk

Christina R. Ghaly, M.D.
Director

Congratulations to two project teams within DHS who recently won a prestigious award from the National Association of Counties (NACo)! One project focuses on the growing capabilities in complex care management for our high risk primary care patients. Through the use of the ELM care management module, our highly trained care managers are able to case manage high risk patient pregnant women, children, seniors and other special populations. The results are impressive. In a very short period of time, the teams have realized a drop in the need for inpatient hospitalization and ED visits, instead shifting care to outpatient settings where people can get more comprehensive and integrated services in their patient-centered medical home. Our recently launched Health Homes project will take this case management function to new level. The third article below describes some of the new services that Health Homes will bring to these at-risk patients.

The second project recognized by the National Association of Counties is our Care Companions project in which we are training and hiring former or current county clients to be Nursing Attendants working in our inpatient

hospitals. The role of these new nursing attendants are to be Care Companions – literally serving as helpers and companions for some of our sicker patients. They will help with activities of daily living (e.g., eating, bathing) and help keep close watch on patients who may be altered or agitated so that we prevent harm and falls. This is a win-win for our patients and our new staff – providing new training and jobs in an area in which we have great need. Welcome to the newly hired Care Companions and thank you for your compassionate service!

Finally, this month's Spotlight highlights our growing language access services offered to our Limited English Proficient patients. More than half of our patients speak a primary language other than English, with the most common non-English language being Spanish. It is critical for both the health and safety of our patients, as well as for delivering an exceptional level of service, that we can communicate with our patients in their preferred language. This is best done by through leveraging our bilingual staff, a strength I hope we can continue to grow and develop in the future. But when that isn't possible, we also need to make sure we have qualified interpreters available and that we use them, and document their use, whenever needed, but particularly for critical conversations. Please enjoy reading the Spotlight and learning more about what DHS is doing to enhance our service levels to our non-English-speaking patients. We welcome you getting involved at your local facility in these efforts, including through sharing your ideas and experiences.

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2019 NACo ACHIEVEMENT AWARD WINNER! Managing High Risk Populations, a System-wide Approach to Complex Care Management

By Debra Duran, RN

DHS has many initiatives whose purpose is to support staff in the pursuit of our mission. One very big initiative was the implementation of Empaneled Life Management, Care Management solution, also known as ELM Care Management. DHS implemented ELM Care Management in November 2017.

ELM Care Management is an electronic solution that equips PCMH RN Care Managers to provide higher quality complex care management services to high need individuals. Through the use of programmed logic, ELM Care Management, pulls data from the medical record and ELM Registries to inform algorithms that identify high risk patients and send the patient list directly to the PCMH RN Care Manager. We began in 2017 with 5 algorithms:

- High Risk Maternity
- High Risk Adult and Senior
- High Risk Pediatric
- Transitions of Care
- Utilization

The algorithm identifies the patients, the patient list is sent to the RN Care Manager which enables outreach attempts to engage the patient, manage caseload, determine self-management goals, identify and close care gaps and communicate with other team members.

The results of the program were positive, and it was awarded the 2019 achievement award by the National Association of Counties (NACo) for recognition of the success related to the use of this electronic solution as a tool to identify and quickly address patient's needs.

Achieved outcomes were:

- RN Care Managers responded positively on a post implementation

survey with 90% stating that ELM Care Management helps them keep track of their patients' progress in achieving their care plan goals and 88% stated that they were "Very Satisfied" with ELM Care Management.

- Transition of care follow-up improved from 14% in December 2017 to 53% in May 2019.
- After one year of implementation, care management intervention for patients actively working with a care manager was associated with the following:

- Decreased Inpatient utilization (30 inpatient visits per 1,000 cases).
- Decreased Observation utilization (5 observation visits per 1,000 cases).
- Decreased Emergency utilization (30 emergency visits per 1,000 cases).
- Increased Outpatient utilization (220 visits per 1,000 cases).

Los Angeles County DHS was recognized by NACo for the success that we had with managing our complex patient population using ELM Care Management. ELM Care Management enabled more efficient methods to find patients and engage them in care plan activities. Next steps for ELM Care Management are to add new users to the ELM Care Management solution such as Social Workers, Medical Case Workers and Community Workers so that team members can share one care plan for the patient and enhance collaboration and coordination for our health homes program members (see article on Health Homes). Addressing the needs of the most complex DHS patients is improved through this new delivery system called ELM Care Management, thus bringing us closer to our DHS mission.



LA County Clients as Care Companions Project Wins 2019 NACo Achievement Award!

By Sue Currin, RN and Mojgan Bashiri, RN, MSN/MHA

In FY 17-18 and 18-19, the Office of Nursing Affairs (ONA) worked on a collaborative initiative for workforce and economic development, with success achieved through partnerships with DHS HR and other County Departments. The Project goals were to provide additional skilled support to registered nurses caring for cognitively and physically impaired patients on the Medical-Surgical units at three LA County hospitals, train and provide job opportunities to LA County clients and improve the clinical outcomes of patients. The Care Companions role focuses on the optimization of patients' ability to perform activities of daily living and provision of close observation of patients with altered mental status to prevent falls and other injuries.

ONA coordinated the development of a two-week (80 hours) acute care clinical rotation at LA County hospitals for the stu-

dents and implemented a Care Companion Training Program, DHS policy on the role of the Care Companion, and skills competency verification. The project funded the CNA pre-license training at local vocational schools, uniforms, tutoring support for CNA State Certification, transportation costs, case manager support during the project and assistance with submitting applications for County employment.

In FY 18-19, ONA coordinated with the DHS Hospital Chief Nursing Officers to on-board 151 work-ready county clients as care companions (NA 1 positions) through the WDACS partnership, with three additional hires anticipated by the end of August 2019. A total of 305 new NA1 positions were added through this innovative program over the last two fiscal years. LACDHS provided project graduates with job opportunities and reduced the use of contracted workers and nursing overtime expenditures to off-set the costs of hiring the new Care Companions. LACDHS received a NACo Achievement Award and was recently recognized by the Board of Supervisors.



Initiatives

Health Homes Program Takes Off in DHS New Program Serving Complex Patients Begins Enrolling Patients

By Contributing writers, Population Health Management

DHS launched the groundbreaking Health Homes Program (HHP) in July to improve care for some of its most complex patients, many of whom have multiple chronic illnesses, regular emergency room visits and extensive social needs. Through the program, patients are receiving fully integrated care at DHS primary care clinics with the goal of improving their health outcomes.

Under HHP, teams of DHS staff provide case management, care coordination and transitional care to the patients. They also help patients better manage their chronic illnesses and refer them to social services such as food or housing. After months of preparation, the program began July 1 and the PCMH team has already enrolled about 75 patients.

"We are expanding resources to create a one-stop shop for our patients," said DHS Population Health Director of Nursing and Education Debra Duran, who is leading the project for the department. "It's an exciting time in primary care."

The HHP, a new benefit through Medi-Cal, is a partnership between LA County DHS, the California Department of Health Care Services and the two local managed care plans – Health Net and LA Care. The plans pay an enhanced capitated payment to DHS for patients in the HHP, allowing DHS to provide enhanced care.

To be in the HHP, patients must be enrolled in a Medi-Cal plan, have chronic conditions such as diabetes, asthma or heart failure, and either be chronically homeless or have spent time in emergency

rooms or hospitals. The patients receive the extra services at no cost.

DHS has already identified thousands of potential patients to be served, based on an algorithm created in the ELM Care Management platform. Care managers carefully review the list and then reach out to the patients who best fit the program. Once patients consent to be in the HHP, they are cared for at assigned patient-centered medical homes and receive frequent follow-up. PCMH care managers are responsible for the care coordination in the teams, which also may include a registered nurse, social worker, a community health worker medical case worker and substance use disorder counselor.

The teams work to address all the patients' needs — physical, behavioral and social — through a detailed care plan tracked in ELM Care Management. DHS is working to meet patients where they are and address the barriers that keep patients from staying healthy. From patients' perspective, that may mean help in getting medical appointments, understanding their medications and receiving follow-up services after they leave the hospital.

Five DHS sites are up and running and soon we will have the program implemented at all PCMH sites. The services will be offered to all empaneled patients that meet relevant high risk criteria, in the PCMH. As the HHP continues to grow, the staff will be providing updates through dashboards and progress reports. Stay tuned!

"This is a win-win," Duran said. "We are transforming how we track and coordinate care. And it will make a big difference to our patients, who are on the way to better health."

Around DHS

Disaster Preparedness – Non-Structural Mitigation

By Contributing writers, LA County Emergency Health Services (EMS) Agency

The recent earthquakes in Ridgecrest are a reminder that we live in earthquake country. The lessons learned are not new but often forgotten with time. Glass cuts and injuries from falling items are commonly what is seen at home and in the workplace. Some of these injuries are very avoidable with little investment of time or money.

To prepare for earthquakes have a "House Hunt" (inspection) of your residence and workplace for potential hazards that can be removed or mitigated, thus improving the safety around you prior to the ground shake.

Examples of mitigation are securing bookshelves that may fall on you while sitting at your desk, or blocking access and egress. Overhead lighting may sway and break causing glass to fall on you or your walking area. Equipment such as TVs and computers, refrigera-

tors and microwaves, equipment that is top heavy or on wheels, may roll or tip over. Simply strapping free standing items to a wall may save you from injury or damage by tipping.

You should know where your utilities' shut off valves are located and have a wrench that allows you to shut off the water main or gas line (follow utility company instructions). If you have a chimney, have it inspected for loose masonry and proper bracing.

How about a fire extinguisher? There may be no water pressure to put out a small fire.

Earthquakes can hit in the middle of the night. When the power goes out you need a flashlight by your bed, hard soled shoes (remember the glass!) and a plan on where to meet, and who to call to re-unite with family, friends or significant others once the shaking stops.

This link highlights some home mitigation tips:

<https://www.fema.gov/media-library/assets/documents/3261>





DHS SPOTLIGHT

Limited English Proficiency and
Language Access Services

July 2019

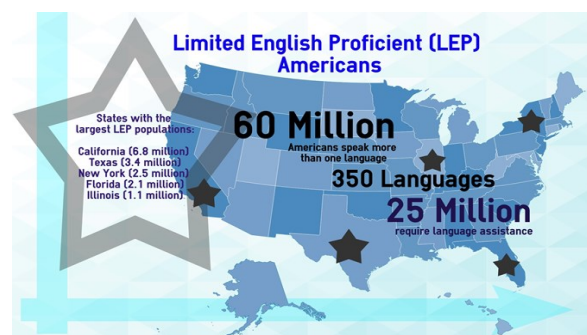
Why are Limited English Proficiency and Language Access Services important?

We serve passionately so that our communities can flourish. One way we serve is by providing comprehensive care through culturally and linguistically appropriate services for our diverse patient population.

What are Limited English Proficiency and Language Access Services?

Sixty-four million Americans speak a language other than English at home and nearly 26 million of those report limited English proficiency (LEP)—defined as speaking English less than “very well.” These numbers are expected to grow over the next few decades and California houses the highest percentage of LEP in the country. Language barriers between patients and their providers have been linked to a number of disparities, including:

- People with limited English proficiency are more likely to report
 - Poor understanding
 - Poor satisfaction rates
- Increased inpatient length of stay
- Increased risk of adverse events and lack of informed consent
- Increased rate of re-visit



Of the 2.6 million encounters seen at DHS in 2017, 53% identified as Limited English Proficient. In fact, a large proportion, 49% reports Spanish as their preferred language.

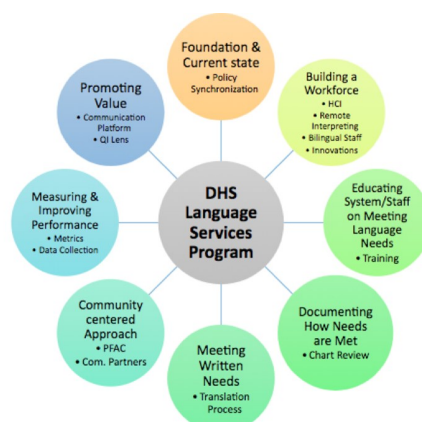
What is DHS doing to ensure Language Access Services for our LEP Populations?

Since September of 2018, we have identified and begun to implement 8 key strategic goals that comprise our Language Access Services Program to facilitate access to qualified interpretation services.

The DHS Language Access Services Program helps us better care for our diverse population. It positively impacts disparities identified for LEP patients nationally through access to qualified healthcare interpretation and translation services. Access to language services increases:

- Receiving preventive care
- Patient Satisfaction
- Adherence to care plans
- Improved understanding
- Improved patient outcomes

These goals were identified through extensive research and site interviews:



What has been the impact?

- Building a Workforce
 - ◊ We are hiring 66 full-time healthcare interpreter items across DHS.
 - ◊ Launch of our first Healthcare Interpreter Call Center at LAC+USC in September 2019.
- Remote Interpreting
 - ◊ Technology upgrade scheduled for September of 2019. The upgrade will increase our video remote interpreting streaming capacity by 10-20 fold.
 - ◊ Expansion of video remote services to ACN in Fall 2019.
- Educating System/Staff on Meeting Language Needs:
 - ◊ Developing standard training material for our residents and new employees. DHS-wide demonstration training module launched in Summer of 2019.
- Community Centered Approach:
 - ◊ Monolingual Spanish Patient Family Advisory Council to Launch in Fall 2019.

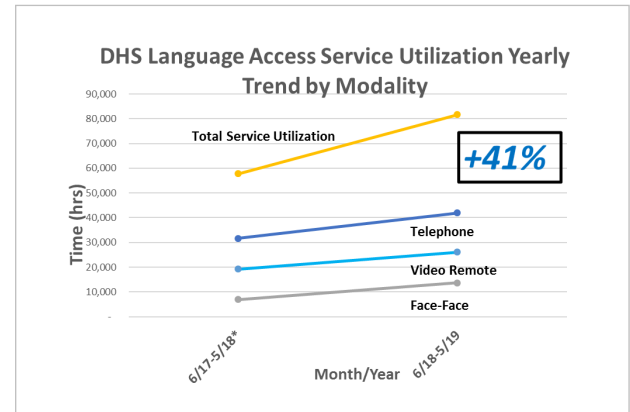
In our initial recruitment efforts, a Spanish Speaking Patient at EL Monte shared: “Being able to

speak in a language that you understand is the first step to get out of feeling like you have no power. I am excited to participate in this group [advisory council] so that more patients can feel comfortable asking questions and like they can take care of themselves.”

- ◊ LA Care will provide shared responsibility in providing Language Access Services to our population starting in early 2020.

DHS-wide efforts around the above initiatives have led to:

Utilization of qualified interpreter language services increased by 41% between 6/17-5/2018 and 6/2018-5/2019 across DHS.



Where do we go from here?

Our Patients

We are scheduled to launch our first monolingual Spanish Speaking Patient Perspective group meeting in September of 2019! This group will focus on providing input for the Language Access Services Program and how to best meet the cultural and linguistic needs of our community. In partnership with our patients, we are hoping to equip them with the tools and confidence to access services at our sites. The following are just a few of the initiatives we are currently working on, with many more planned to roll out in the future.

Our People

1. Ask each patient: “What is your preferred language, and do you need interpretation services today?”

2. Learn how to access: telephonic, video and in-person interpretation services in your unit and at your site.
3. Get to know your local language access services policies and center as well as healthcare interpreters.

Our System

1. Continue to improve understanding of our patients’ needs
 - Standardization of documentation of patient language services needs in our Electronic Health Record
2. Continue to make it easy to access Language Access Services
 - Provide physical space and signage for services
 - Easy to use services for our patients include technology updates, conveniently available telephonic and video remote services, access to in-person healthcare interpreters in high need areas

Acknowledgments

DHS-wide efforts to care for our diverse patient population in a comprehensive manner has improved because of the dedication of our staff, providers and leadership. It takes our entire system to promote access to equitable services for our diverse patient population. Dr. Erika Flores Uribe is the DHS Cultural and Linguistically Appropriate Services Specialist and is leading efforts for our comprehensive Language Access Service Program along with the support of Nina Vassilian, Dawn Flores, DHS - Office of Diversity as well site teams including Claudia Mata & Dr. Andrew Young, LAC+USC Medical Center; Vanesa Garcia & Drs. Sara Gustafson and Kian Preston-Suni, Harbor-UCLA; Lily Wong and Wendy Burton, Rancho Los Amigos; Celia Pena and Dr. Breena Taira, Olive View- UCLA; Valerie Ojeda, A.C.N; our IT team and so many others.



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